

Laboratory Report

Report Date: 11/12/2016

Haller Ztd

Page: 1 of 1

VIRGINIA, MINNESOTA 55792


218-741-4290 * FAX 218-741-4291

Due Date: 11/18/16

CLIENT: NTS-Dave J

COC#:

| CLIENT NAME, ADDRESS, PHONE#: | | | REPORT TO: | | | | TYPE & # CONTAINERS | | | | | | | | | | Comments: | | | | | | | |
|--|----------|------------------------|---|-------------------------------------|-----------------|-----|---------------------|---------------------------|------------------------------|----------------------------------|--------------------|---------------------|--------------------------|----------------------|---------|-----------------|------------------|--|---|--|--|--|--|--|
| US Steel MinnTac | | | Tom Moe - USS Minntac Scott Seeley - NTS, 218-742-1028 | | | | | | | | | | | | | | | | | | | | | |
| SAMPLER: <i>Corey Andrews</i> | | | PERMIT REQ.: Yes | | | | | | | | | | | | | | | | | | | | | |
| PROJECT: NPDES Data Gaps Monitoring | | | MONTH: November 2016 | | | | | | | | | | | | | | | | | | | | | |
| PROJ. NO: 10170C | | | COLLECTION: | | MATRIX | | Filtered | | | | | | | | | | | | | | | | | |
| LOG-IN | SAMPLE # | DESCRIPTION | DATE | TIME | LIQ | SOL | | General - 1 Liter plastic | Metals - 500 ml HNO3 (total) | Metals - 250 ml HNO3 (dissolved) | LL Mercury Bottles | 1000 mL Glass Amber | Nutrients - 500 mL H2SO4 | (3) 40mL Vials - HCl | pH (SU) | Sp. Cond. us/cm | Temperature (°C) | | | | | | | |
| | SW-001 | Sand River Station 701 | 11/4/2016 | 0815 | X | | N | 1 | 1 | | | | | | 7.73 | 502.8 | 4.51 | | ANALYSIS: Bicarbonates, Cl, SO4, Ca, Mg | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| RELINQUISHED BY: <i>Corey Andrews</i> | | | | | DATE: 11/4/2016 | | RECEIVED BY: | | | | | DATE: | | | | | | | | | | | | |
| | | | | | TIME: 1100 | | | | | | | TIME: | | | | | | | | | | | | |
| RELINQUISHED BY: | | | | | DATE: | | RECEIVED BY: | | | | | DATE: | | | | | | | | | | | | |
| | | | | | TIME: | | | | | | | TIME: | | | | | | | | | | | | |
| RECEIVED FOR LAB BY: <i>CM</i> | | | | | | | TEMP AT ARRIVAL: | | | | | | | | | | | | | | | | | |
| | | | | | | | 1.5 °C | | | | | | | | | | | | | | | | | |
| DATE: 11-4-16 | | TIME: 11:00 | | REPORT DATE: 2 weeks from submittal | | | | | | | | | | | | | | | | | | | | |

| | | |
|--|--|---|
|  | Document Name: Sample Condition Upon Receipt Form | Document Revised: 23Feb2015 Page 1 of 1 |
| | Document No.: F-VM-C-001-Rev.09 | Issuing Authority: Pace Virginia, Minnesota Quality Office |

**Sample Condition
Upon Receipt**

Client Name:

Project #:

NTS

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☒ Client
☐ Commercial ☐ Pace ☐ Other: _____

Tracking Number: _____

WO#: 1278446



1278446

Custody Seal on Cooler/Box Present? ☐ Yes ☒ No Seals Intact? ☐ Yes ☒ No Optional: Proj. Due Date: _____ Proj. Name: _____

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☒ None ☐ Other: _____ Temp Blank? ☒ Yes ☐ No

Thermometer Used: ☒ 140792808 Type of Ice: ☒ Wet ☐ Blue ☐ None ☒ Samples on ice, cooling process has begun

Cooler Temp Read °C: 1.2 Cooler Temp Corrected °C: 1.5 Biological Tissue Frozen? ☐ Yes ☐ No ☒ NA
Temp should be above freezing to 6°C Correction Factor: +0.3 Date and Initials of Person Examining Contents: AK 11-4-16

Comments:

| | | |
|---|--|--|
| Chain of Custody Present? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 1. |
| Chain of Custody Filled Out? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 2. |
| Chain of Custody Relinquished? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 3. |
| Sampler Name and Signature on COC? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 4. |
| Samples Arrived within Hold Time? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 5. |
| Short Hold Time Analysis (<72 hr)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | 6. |
| Rush Turn Around Time Requested? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | 7. |
| Sufficient Volume? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 8. |
| Correct Containers Used? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 9. |
| -Pace Containers Used? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Containers Intact? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 10. |
| Filtered Volume Received for Dissolved Tests? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | 11. Note if sediment is visible in the dissolved containers: |
| Sample Labels Match COC? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 12. |
| -Includes Date/Time/ID/Analysis Matrix: <u>WT</u> | | |
| All containers needing acid/base preservation will be checked and documented in the pH logbook. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | See pH log for results and additional preservation documentation |
| Headspace in Methyl Mercury Container | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | 13. |
| Headspace in VOA Vials (>6mm)? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | 14. |
| Trip Blank Present? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | 15. |
| Trip Blank Custody Seals Present? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | |
| Pace Trip Blank Lot # (if purchased): | | |

CLIENT NOTIFICATION/RESOLUTION

Field Data Required? ☐ Yes ☐ No

Person Contacted: _____ Date/Time: _____

Comments/Resolution: _____

FECAL WAIVER ON FILE Y N

TEMPERATURE WAIVER ON FILE Y N

Project Manager Review: Heather 3D

Date: 11/4/16

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)